County: Waukesha MUSKEGO NURSING HOME

S77-W18690 JANESVILLE ROAD

MUSKEGO 53150	Phone: (262) 679-0246	;	Ownership:	Corporation
Operated from 1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with	Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and St	affed (12/31/03):	49	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity	(12/31/03):	49	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31	./03:	47	Average Daily Census:	47

Services Provided to Non-Residents		Age, Gender, and Primary Di				Length of Stay (12/31/03)	8
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	%	Age Groups	8	Less Than 1 Year	21.3 51.1
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65		More Than 4 Years	12.8
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84		 	85.1
Adult Day Care	No			85 - 94		* * * * * * * * * * * * * * * * * * *	
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer		95 & Over 		Full-Time Equivalent Nursing Staff per 100 Resi	
Home Delivered Meals Other Meals	No No	Fractures Cardiovascular		 65 & Over		(12/31/03)	
Transportation	No	Cerebrovascular				•	9.4
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	10.9
Other Services	No	· ±. ±.	2.1			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions		Male	29.8	Aides, & Orderlies	41.4
Mentally Ill	No			Female	70.2		
Provide Day Programming for			100.0			I and the second	
Developmentally Disabled	No	•	ale ale ale ale ale ale ale		100.0	•	te atrada atrada atrada atr

Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	:		amily Care			anaged Care			
Level of Care	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	00	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	39	88.6	123	0	0.0	0	3	100.0	164	0	0.0	0	0	0.0	0	42	89.4
Intermediate				5	11.4	102	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	5	10.6
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		44	100.0		0	0.0		3	100.0		0	0.0		0	0.0		47	100.0

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	6.9	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	6.4		36.2	57.4	47
Other Nursing Homes	24.1	Dressing	19.1		31.9	48.9	47
Acute Care Hospitals	44.8	Transferring	46.8		25.5	27.7	47
Psych. HospMR/DD Facilities	6.9	Toilet Use	34.0		27.7	38.3	47
Rehabilitation Hospitals	0.0	Eating	46.8		27.7	25.5	47
Other Locations	17.2	******	******	*****	*****	******	*****
Total Number of Admissions	29	Continence		용	Special Treatmen	ts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	8.5	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	3.6	Occ/Freq. Incontiner	nt of Bladder	53.2	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	3.6	Occ/Freq. Incontiner	nt of Bowel	36.2	Receiving Suct	ioning	0.0
Other Nursing Homes	10.7	_			Receiving Osto	my Care	0.0
Acute Care Hospitals	25.0	Mobility			Receiving Tube	Feeding	2.1
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	46.8
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	57.1	With Pressure Sores		4.3	Have Advance D	irectives	100.0
Total Number of Discharges	Ì	With Rashes		0.0	Medications		
(Including Deaths)	28				Receiving Psyc	hoactive Drugs	61.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Pro	prietary	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci.	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	95.9	84.7	1.13	68.3	1.41	86.6	1.11	87.4	1.10
Current Residents from In-County	48.9	81.8	0.60	64.3	0.76	84.5	0.58	76.7	0.64
Admissions from In-County, Still Residing	20.7	17.7	1.17	13.4	1.54	20.3	1.02	19.6	1.05
Admissions/Average Daily Census	61.7	178.7	0.35	237.2	0.26	157.3	0.39	141.3	0.44
Discharges/Average Daily Census	59.6	180.9	0.33	246.9	0.24	159.9	0.37	142.5	0.42
Discharges To Private Residence/Average Daily Census	4.3	74.3	0.06	86.7	0.05	60.3	0.07	61.6	0.07
Residents Receiving Skilled Care	89.4	93.6	0.95	86.1	1.04	93.5	0.96	88.1	1.01
Residents Aged 65 and Older	70.2	84.8	0.83	87.0	0.81	90.8	0.77	87.8	0.80
Title 19 (Medicaid) Funded Residents	93.6	64.1	1.46	61.7	1.52	58.2	1.61	65.9	1.42
Private Pay Funded Residents	6.4	13.4	0.48	23.5	0.27	23.4	0.27	21.0	0.30
Developmentally Disabled Residents	0.0	1.1	0.00	0.0		0.8	0.00	6.5	0.00
Mentally Ill Residents	61.7	32.2	1.92	44.3	1.39	33.5	1.84	33.6	1.84
General Medical Service Residents	19.1	20.8	0.92	27.0	0.71	21.4	0.90	20.6	0.93
Impaired ADL (Mean)	55.3	51.8	1.07	56.9	0.97	51.8	1.07	49.4	1.12
Psychological Problems	61.7	59.4	1.04	50.4	1.22	60.6	1.02	57.4	1.08
Nursing Care Required (Mean)	6.6	7.4	0.90	8.9	0.75	7.3	0.92	7.3	0.91